

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	09/445653
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/						51	
2		/					52	
3		/					53	
4		/					54	
5		/		/			55	
6		/		/			56	
7		/		/			57	
8		/		/			58	
9		/		/			59	
10		/		/			60	
11		/		/			61	
12		/		/			62	
13		/		/			63	
14		/		/			64	
15		/		/			65	
16		/		/			66	
17		/		/			67	
18		/		/			68	
19		/		/			69	
20		/		/			70	
21		/		/			71	
22		/		/			72	
23		/		/			73	
24		/		/			74	
25		/		/			75	
26		/		/			76	
27							77	
28							78	
29							79	
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31							81	
32							82	
33							83	
34							84	
35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	1		2				TOTAL IND.	
TOTAL DEP.	17		10				TOTAL DEP.	
TOTAL CLAIMS	18		20				TOTAL CLAIMS	